U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1 ! !	WG122005	READ THE INSTRUCTION	LY BEFOR	RE PREPARING THIS	REPORT.				
1 - 1	WS DAS								
1. File Number U - 375				2. Fiscal Year Covered From:					
	POLICE CONTROL OF THE			*TIMOO _{WH} O	1/1/2	004 Through:	12 / 31	2004	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.					
Name Jeffre	ame Jeffrey Benavidez			Name International Association of Iron Workers #66					
			Labor Organization File Number 023-625						
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any						
Street 4318 Clark Ave.			Street 4318 Clark Ave.						
City San An	y San Antonio			City San Antonio					
State Texas	ne de temperatura de la proprieta de la propri	ZIP Code +4 7822	3	State	Texas		ZIP Code + 4	78223	
5. Position in labor organization. Business Manager									
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
6. Name and address of Employer (including trade name, if any).					7.a. Nature of Interest, Transaction, or Income.				
Name	en de en de la de soute mende la meneral proprie de porce de ser de primeira meneral presentación de ser de so La desenvolve de la desenvolve de la dela dela dela dela dela dela de			- Seleka Wake Amerika menerakan				TO CONTROL OF THE CON	
Trade Name, if any:				DOWNA GOOD ALA DEBONDO GOOD AND AND AND AND AND AND AND AND AND AN				namental in a service de la constante de la co	
P.O. Box, Bldg., Room No., if any			Partie Combrell Stormen combrands are with design	7.b. Amount.					
Street									
City					Sport distribution of the sport				
State		ZIP Code + 4							
Signature									
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true-correct, and complete. (See the section on penalties in the instructions.)									
Signed	ffry C	Denovide	2	On [8-11-05				
00					Date	To	elephone Numbe	г	

Name of Person Filing Jeffrey Benavidez	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Segal Company	a. Labor Organization						
Trade Name, if any:	X b. Trust						
P.O. Box, Bldg., Room No., if any Suite 610	c. Employer						
Street 6575 West Loop South	Emanual Committee of the Committee of th						
City Bellaire							
State Texas ZIP Code + 4 77401							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name Texas Ironworkers Trust Funds	Benefit Consultant						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any Suite 400							
Street 9555 W. Sam Houston Pkwy S							
City Suite 400	11.b. Approximate dollar value of such dealing. \$154,844						
State Texas ZIP Code + 4 77099	12.a. Nature of interest held or income received. April 18 Golf at Falconhead Golf Club						
	12.b. Amount. \$8						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box. Bldg., Room No., if any	200						

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State